The Rivah Digest

A quarterly newsletter of the Rappahannock Area Health District

RAHD Rappahannock Area Health District
CARING FOR A HEALTHY COMMUNITY

Drive-thru Flu Shot Clinic a Success!

January 2007

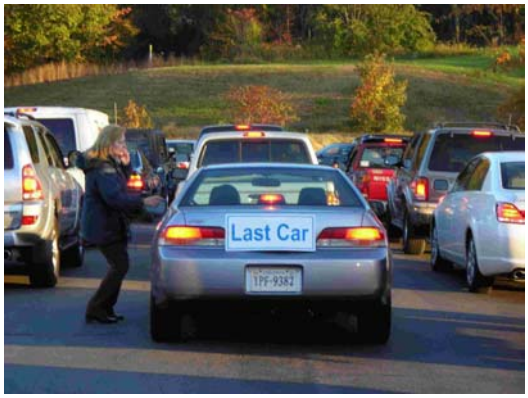
On October 25, the Rappahannock Area Health District and Stafford County partnered to present our area with a new concept in health care delivery – Drive-thru Vaccinations! Approximately 20 Health District staff, along with volunteers from the Rappahannock Medical Reserve Corps and the Fredericksburg Community Emergency Response Team administered 400 flu shots in just under 2 hours.

Also participating were the Stafford County Sheriff's Office, Volunteer Rescue Squad, and Public Information Officer, Cathy Riddle. Deputies directed traffic heading to work, school, and into the Stafford Government Complex where the clinic was held. The Rescue Squad kindly donated space for the clinic. Cathy and her team worked with the media before, during, and after the event to publicize the clinic, inform people of possible disruptions to their commute, and to report on the clinic's success.

People came from as far away as Mineral, lining up in the dark of early morning for a chance at a free shot. They were required to have a consent form already filled out and their shirtsleeves rolled up. Three cars at a time rolled into a bay of the Stafford County Rescue Squad. Two nurses worked on each car, one for the driver's side and another for passengers. Once everyone in all three cars was fully vaccinated, they rolled out and three new ones took their place. A "Last Car" sign was placed in the line at 7:55 a.m., meaning that vaccine was guaranteed only to those ahead of that car.

The purpose of the clinic was to stress the system and test its surge capacity. In the event of a disaster or flu pandemic, RAHD and local agencies need to be ready to respond quickly and efficiently, delivering medications or vaccinations to those in need. A drive-thru clinic is just one model that is being explored as an effective way to deliver services.

Thanks to all of the volunteers and staff who made this a success!



"Last Car" was posted at 7:55 a.m. A reporter interviews those waiting for shots.

Health Departments

- *Rappahannock District Office 540-899-4797*
- *Caroline County 804-633-5465*
- *King George County 540-775-3111*
- *Fredericksburg 540-899-4142*
- *Spotsylvania County 540-507-7400*
- *Stafford County 540-659-3101*

After-hours reporting:

- *Communicable Disease & Out-break Reporting 540-850-1250*
- *Environmental Pager 540-899-8601*
- *Rabies Pager (weekends only) 540-372-2562*
- *Toll-free number for public health and Bioterrorism events* ***866-531-3068***

Updated STD Treatment Guidelines

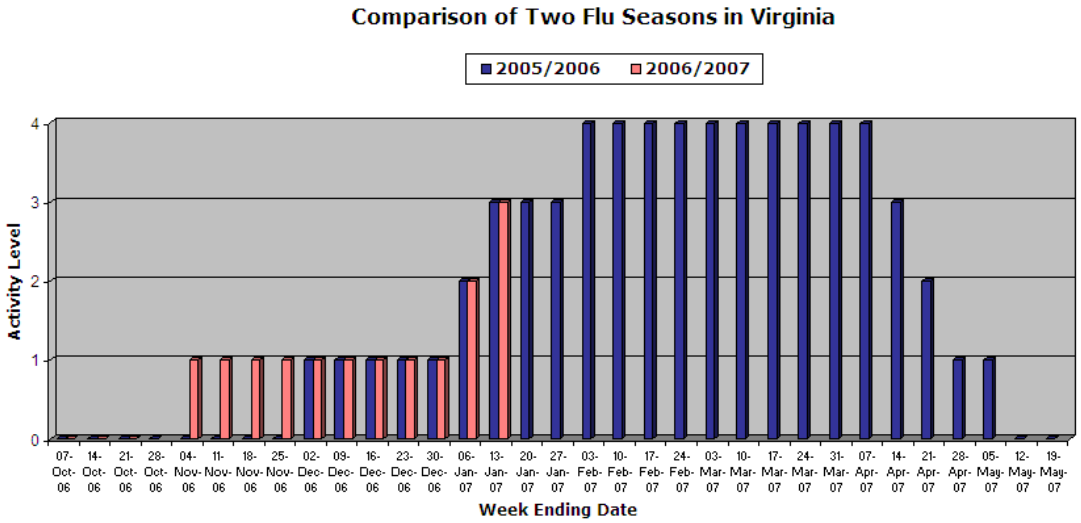
In August, the Centers for Disease Control and Prevention released its "Sexually Transmitted Diseases Treatment Guidelines, 2006". Included in these updated guidelines are an expanded diagnostic evaluation for cervicitis and trichomoniasis; new antimicrobial recommendations for trichomoniasis; additional data on the clinical efficacy of azithromycin for chlamydial infections in pregnancy; discussion of the role of *Mycoplasma genitalium* and trichomoniasis in urethritis/cervicitis and treatment-related implications; emergence of lymphogranuloma venereum proctocolitis among men who have sex with men (MSM); expanded discussion of the criteria for spinal fluid examination to evaluate for neurosyphilis; the emergence of azithromycin-resistant *Treponema pallidum*; increasing prevalence of quinolone-resistant *Neisseria gonorrhoeae* in MSM; revised discussion concerning the sexual transmission of hepatitis C; postexposure prophylaxis after sexual assault; and an expanded discussion of STD prevention approaches.

The updated guidelines are available as MMWR Volume 55, Number RR11, or on the CDC website at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5511a1.htm.

Pandemic/Avian Influenza Update

Pandemic Alert Phase: 3 (No or very limited human-to-human transmission)
The total number of human H5N1 cases for 2006 was 116, of which 80 were fatal, (69% case fatality rate for 2006). Viruses with a genetic mutation, linked in laboratory testing to moderately reduced susceptibility to oseltamivir, have been discovered in two persons previously reported with H5N1 infections in Egypt. At this time there is no indication that oseltamivir resistance is widespread in Egypt or elsewhere. Moreover, these mutations are not associated with any known change in the transmissibility of the virus between humans.

Influenza 2006—2007 Update



Activity Levels: 0= No Activity, 1=Sporadic, 2= Local, 3= Regional, 4= Widespread.
For a more detailed explanation of activity levels, see http://www.vdh.state.va.us/epi/flu.asp

Pertussis Reporting and Testing

Pertussis, or whooping cough, is a rapidly reportable disease in Virginia. Rapid reporting requires that cases be reported to the health department within 24 hours of suspected or confirmed diagnosis. In RAHD, pertussis and other rapidly reportable diseases should be called to the District Epidemiologist at (540) 899-4797 x101.

Rapid reporting helps to ensure that samples can be collected and submitted in the appropriate manner for the most definitive test. Serological tests for pertussis are not standardized or cleared by the FDA, and the results can be difficult to interpret in immunized individuals. PCR and culture are the most reliable tests available, and these tests are used by the Division of Consolidated Laboratory Services (DCLS) as well as some private laboratories. Pertussis test kits (including nasopharyngeal swabs) for submission to DCLS are available from RAHD. In order for DCLS to accept the sample, a patient must meet certain criteria:

- Cough illness of at least 2 weeks duration with at least one of the following:
  - Paroxysms of coughing, inspiratory "whoop", or post-tussive vomiting without other apparent cause **or**
- Cough of at least 7 days duration and linked to a case that is linked to a laboratory-confirmed case (i.e. if one family member has laboratory-confirmed pertussis, symptomatic friends of symptomatic family members should be tested for confirmation, and they qualify after only 1 week of coughing).

Culture should only be used prior to the administration of antibiotics. PCR may detect the bacteria even after antibiotics have been used, though the most accurate results are obtained when both PCR and culture are performed. If you are unable to arrange for this testing on your own, RAHD may be able to assist.

Watch for chickenpox in immunized children!

Current guidelines require one dose of varicella vaccine before school or daycare entry for children born on or after January 1, 1997. Medical and religious exemptions are allowed. There is the potential for breakthrough chickenpox in previously vaccinated children, though it is generally a much milder disease than typical chickenpox. This mild form of the disease has the potential for misdiagnosis, however, since many of the hallmark symptoms of chickenpox present differently in breakthrough disease. Children with breakthrough disease should be kept out of school and other activities for a minimum of three days, or until all of their lesions completely crust over.

Typical chickenpox

- Lesions generalized, pruritic, and vesicular, and may reach 250-500 in number;
- Generally fever of 100-103°F for 3-5 days;
- Crusts from lesions usually fall off within 1-2 weeks.

Breakthrough chickenpox

- Lesions predominantly maculopapular and usually less than 50 in number;
- Frequency and severity of fever generally lower;
- Generally rapid recovery.

Chickenpox is a reportable disease in both vaccinated and unvaccinated children. Timely reporting is necessary for state and federal officials to fully assess the impact of vaccination on morbidity, and to evaluate the need for changes to the current vaccine schedule.

Thomas Franck, MD, MPH — Acting Health Director
Elizabeth Lowery, MPH — District Epidemiologist
Joe Saitta, Ed.D — Emergency Planner

Rappahannock Area Health District
608 Jackson Street
Fredericksburg, VA 22401
Phone: 540-899-4797
Fax: 540-899-4599

Please visit us on the web @
rahd.vdh.virginia.gov

Selected Reportable Diseases in RAHD - January – September 2006 vs 2005±

	2006		2005		Diff	Change	2006 State	
DISEASE	(n)	rate†	(n)	rate†	(n)	(%)	(n)	rate†
AIDS	11	3.8	13	4.5	-2	-15.4	413	5.5
Campylobacter	23	7.9	22	7.6	1	4.5	488	6.5
Chickenpox	9	3.1	15	5.2	-6	-40.0	-	-
Chlamydia Trachomatis	668	230.0	567	195.2	101	37.8	18,002	241.3
Enterohemorrhagic E.coli	7	2.4	0	0.0	7	-	-	-
Giardiasis	26	9.0	16	5.5	10	62.5	355	4.8
Gonorrhea	96	33.1	156	53.7	-60	-38.5	5,036	67.5
HIV Infection	13	4.5	13	4.5	0	0.0	660	8.8
Haemophilus Influenza Infection	5	1.7	6	2.1	-1	-16.7	-	-
Hepatitis A	2	0.7	3	1.0	-1	-33.3	45	0.6
Hepatitis B (Acute)	1	0.3	2	0.7	-1	-50.0	43	0.6
Hepatitis C (Acute)	3	1.0	5	1.7	-2	-40.0	-	-
Lyme Disease*	27	9.3	18	6.2	9	50.0	-	-
Meningococcal Infection	0	0.0	2	0.7	-2	-	15	0.2
Pertussis	5	1.7	9	3.1	-4	-44.4	155	2.1
Rocky Mountain Spotted Fever	14	4.8	3	1.0	11	366.7	-	-
Salmonellosis	26	9.0	30	10.3	-4	-13.3	737	9.9
Shigellosis	2	0.7	4	1.4	-2	-50.0	60	0.8
Streptococcal Disease, Group A, invasive	7	2.4	6	2.1	1	16.7	-	-
Streptococcus pneumoniae**	4	1.4	11	3.8	-7	-63.6	-	-
Syphilis, Total Early (primary, secondary, early latent)	3	1.0	8	2.8	-5	-62.5	262	3.5
Tuberculosis (Mycobacteria)	1	0.3	3	1.0	-2	-66.7	196	2.6

± Data is preliminary.
† Rate based on 2004 US Census (290,463 for Rappahannock; 7,459,827 for VA)

* Lyme cases are all suspected cases reported to RAHD; not all cases met CDC surveillance definition.
** Invasive S. pneumonia infection in children < 5 years of age. RAHD is working with CDC and Wyeth to report possible vaccine failures.